



Division of
TennCare

Health Care
Innovation Initiative



Executive Summary

Acute Kidney & Ureter Stones Episode

Corresponds with DBR and Configuration file V1.1

Updated: January 2, 2020

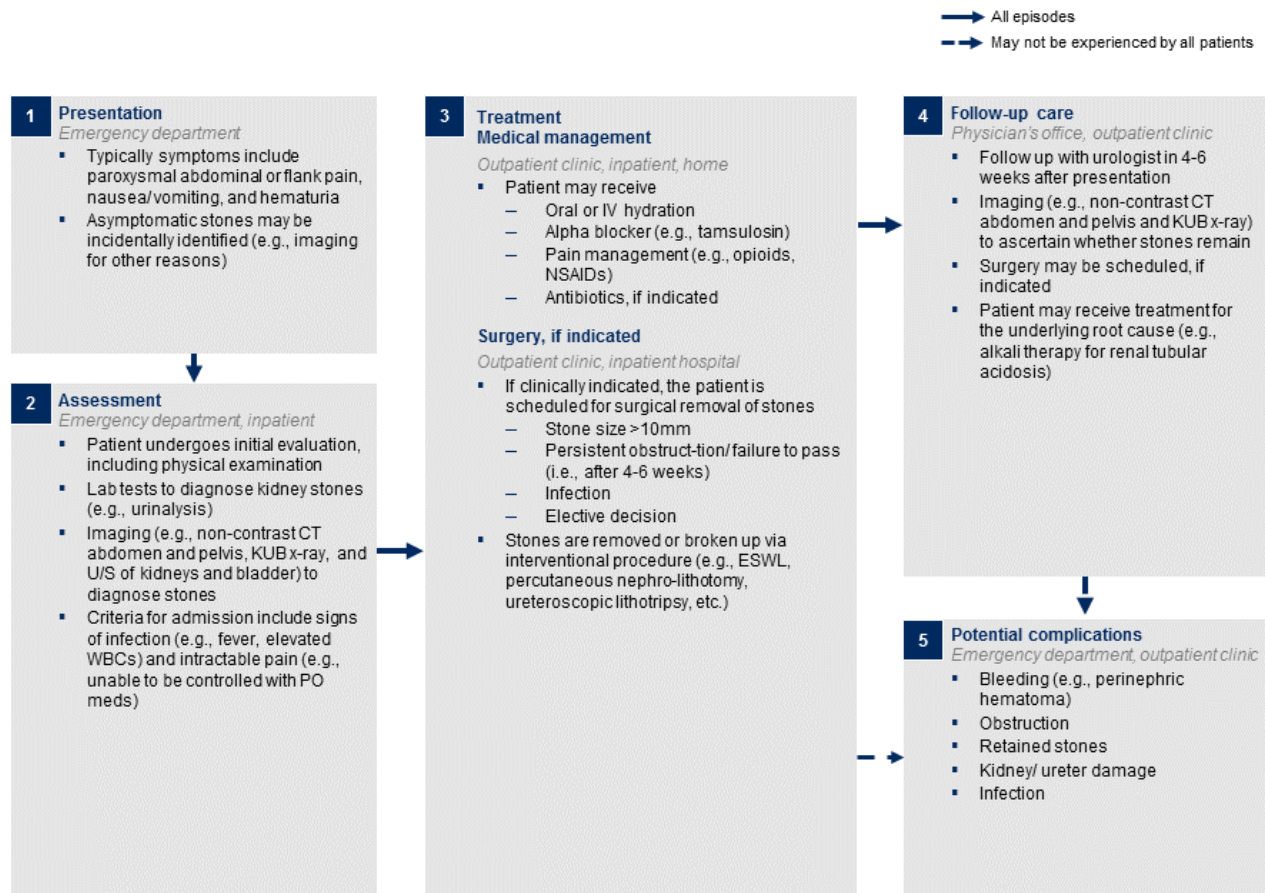
OVERVIEW OF AN ACUTE KIDNEY & URETER STONES EPISODE

The acute kidney & ureter stones episode revolves around patients who are cared for in an inpatient, observation, or emergency department (ED) setting for acute kidney & ureter stones. The trigger event is an inpatient admission, observation stay, or ED visit for acute kidney & ureter stones. All related care – such as imaging and testing, surgical and medical procedures, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the facility where the ED visit, observation stay, or inpatient admission took place. The acute kidney & ureter stones episode begins with the inpatient admission, observation stay, or ED visit and ends 30 days after discharge.

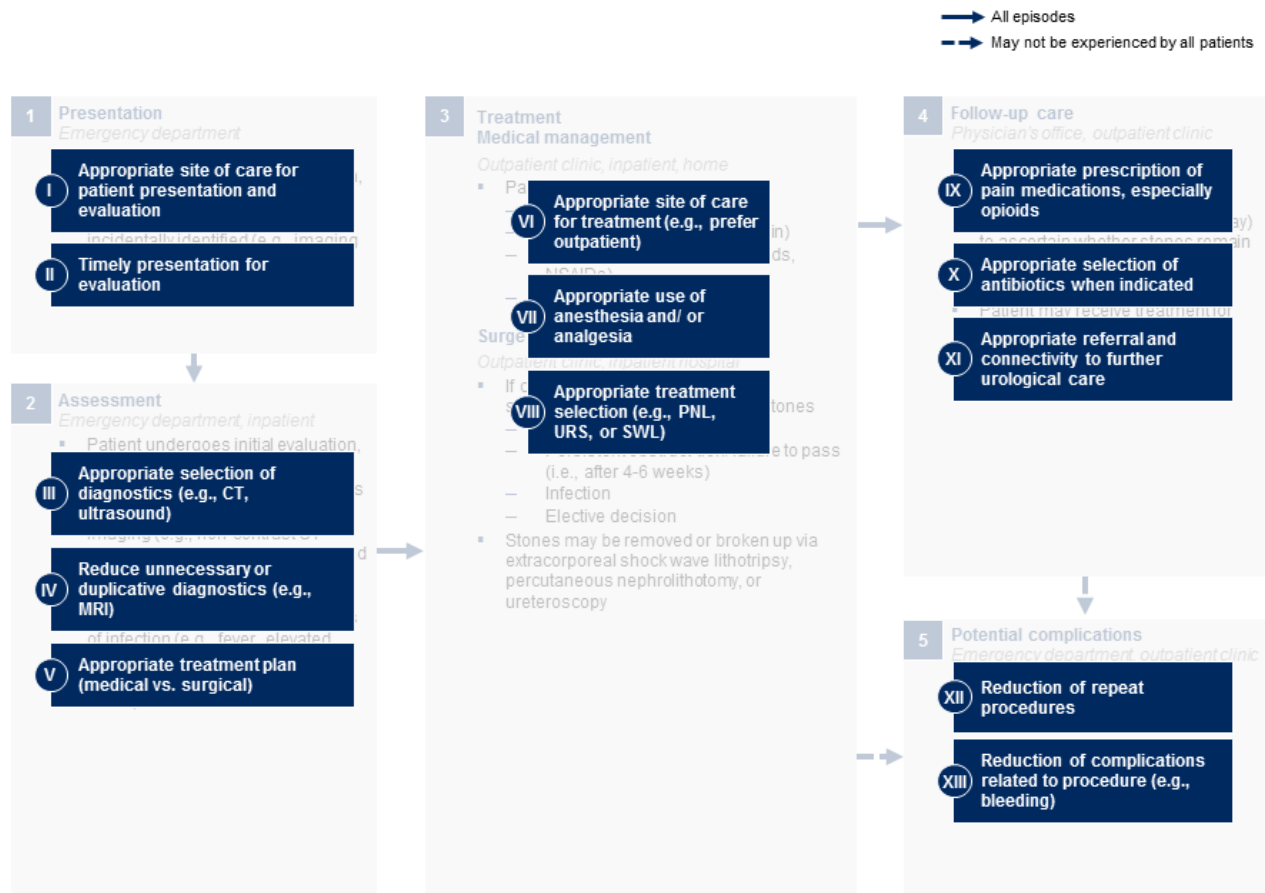
CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during an acute kidney & ureter stones episode to improve the quality and cost of care. Important sources of value include appropriate imaging and testing, choosing the appropriate treatment plan (e.g., medical management vs. interventional procedure), and appropriate referral and connectivity to further urological care. Other important sources of value include optimizing medication regimens and providing patient education or timely follow-up when appropriate to decrease the likelihood of post-discharge readmissions or ED visits.

Illustrative Patient Journey



Potential Sources of Value



ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the acute kidney & ureter stones episode, the quarterback is the facility where the ED visit, observation stay, or inpatient admission took place. The contracting entity or tax identification number of the facility where the acute kidney & ureter stones was treated will be used to identify the quarterback.

MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to acute kidney & ureter stones in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The acute kidney & ureter stones episode has no pre-trigger window. During the trigger window, all services and specific medications are included. The post-trigger window includes care for specific diagnoses, specific imaging and testing, specific medications, and specific surgical and medical procedures.

Some exclusions apply to any type of episode, i.e., are not specific to an acute kidney & ureter stones episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Examples of exclusion criteria specific to the acute kidney & ureter stones episode include patients with congenital urinary obstructive anomalies, connective tissues disorders (e.g., Marfan's), cystic fibrosis, neural tube defects. These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of patient factors likely to lead to the risk

adjustment of an acute kidney & ureter stones episode include recurrent UTI, hydronephrosis, hydroureter, and pelvic organ prolapse. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metrics linked to gain sharing for the acute kidney & ureter stones episode are:

- **Difference in average MED¹/day:** Average difference in MED/day during the 1-30 days prior to the trigger window and average MED/day during the episode window, across valid episodes (lower value indicative of better performance)
- **Related ED visit:** Percentage of valid episodes with a related ED visit during the post-trigger window (lower rate indicative of better performance)

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Average MED/day prior to the trigger window:** Average MED/day during the 1-30 days prior to the trigger window, across valid episodes (value not indicative of performance)
- **Average MED/day during the trigger and post-trigger windows:** Average MED/day during the trigger and post-trigger windows, across valid episodes (value not indicative of performance)
- **Complications:** Percentage of valid episodes with complications during the post-trigger window (lower rate indicative of better performance)

¹ MED: morphine equivalent dose

- **Kidney & ureter stone removal procedure:** Percentage of total episodes with a stone removal procedure during the episode window (value not indicative of performance)
- **Opioid naïve prescriptions:** Percentage of valid episodes with no opioid prescriptions up to 90 days before the trigger who received an opioid prescription during the episode (lower rate indicative of better performance)
- **Related post-trigger admission:** Percentage of valid episodes with a related admission during the post-trigger window (lower rate indicative of better performance)
- **Related trigger admission:** Percentage of valid episodes with any admission during the trigger window (lower rate indicative of better performance)
- **Repeat CT imaging:** Percentage of valid episodes with more than 1 related CT during the episode window (lower rate indicative of better performance)

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.